

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **62-022124**

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **43**

Primary Registration District No. **3075742**

Registrar's No. **828**

FILED JUN 19 1962

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Rural**

Length of stay in lb
2 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **4 Mi. N. Neelyville**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
4 Miles N. Neelyville

Inside Limits
Yes ☐ No ☒

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First **William**

Middle

Last **CLARK**

4. DATE OF DEATH

Month **June**

Day **4** Year **1962**

5. SEX

Male

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-22-1912

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

UNKNOWN

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Willie Clark

13b. MOTHER'S MAIDEN NAME

MARY CLARK

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address **Butler Co; Welfare Office**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

presumed to be of natural causes

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at **About 8:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree) (Title)

22b. ADDRESS

22c. DATE SIGNED

Thelma Graham, Registrar, Butler Co., Mo.

6/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (city, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Edwards - PARRENT F.H. - NAYLOR, No June 5/1962. Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

6120

20120

3

4 2

5 0

6

7 9

8 0

97954

10

11

12 90-8

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene A. Parrent

Licensed Embalmer No.

4809

P. O. Address

Naylor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.